

# The Registry Review

The Newsletter of the

Winter

South Carolina Central Cancer Registry

2002

## Supplemental Grants Enhance Registry

### SCCCR gets boost from CDC grants: South Carolina to benefit from studies

More details are emerging about two new supplemental grants from the Centers for Disease Control (CDC) that are enhancing operations of the South Carolina Central Cancer Registry.

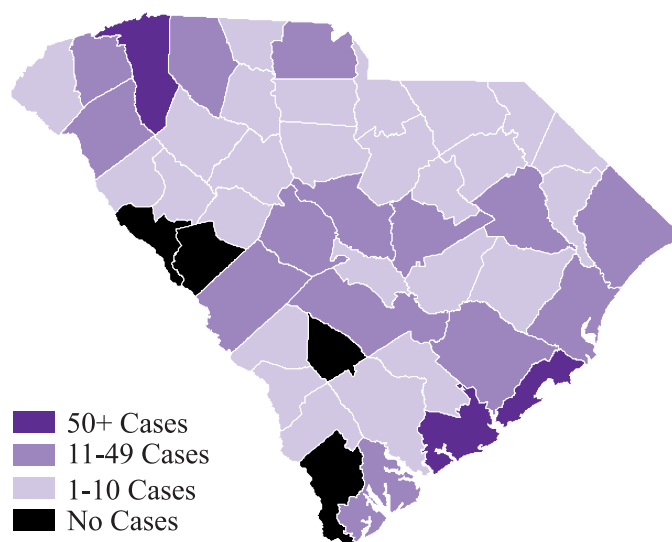
News of the awarding of the grants was announced in the Fall issue of *The Registry Review* newsletter.

The CDC established a new program entitled "Cancer Surveillance Research with Data Enhancement and Utilization." The program will utilize data from NPCR-funded state registries to perform enhanced surveillance and operational research. The SCCCR applied for two of four grants offered through the program and was awarded both.

"These awards will benefit South Carolina in many ways," said Susan Bolick-Aldrich, SCCCR Director. "SCCCR operations will be enhanced through improved cancer data quality and the information gained from these studies will also help to improve quality of life and treatment for cancer patients in South Carolina."

(See *Supplemental Grants*, Page 4)

Figure 1. Number of Oral/Pharyngeal Cancer Cases by County, 1998



## SCCCR Wins Third Gold Certification Award

The South Carolina Central Cancer Registry has been awarded Gold Certification by the North American Association of Central Cancer Registries (NAACCR) for the third year

in a row. The SCCCR submitted its fourth year of population-based incidence data, cases diagnosed in 1999, for review by the NAACCR Certification Committee in December 2001. The review involves measuring levels of completeness, timeliness, and accuracy of the data. Based on these levels, registries can be awarded silver or gold certification.

To be awarded gold certification, registries must have at least 95% completeness of case ascertainment. The SCCCR achieved 98.3% completeness,

and was awarded gold certification in all six categories of review.

This award signifies the effort being made to achieve standards of data quality in South Carolina. SCCCR data are used to advance our understanding of the burden of cancer. Therefore, the availability of high quality data is extremely important.

Maintaining this level of data quality would not be possible without the commitment of the SCCCR staff and hospital cancer registrars throughout South Carolina.

### *Inside Registry Review...*

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## From The Director

This issue of the Registry Review contains important and exciting news. It is with great pride that we announce the receipt of Gold Certification for 1999 data from the North American Association of Central Cancer Registries Certification Committee. The data were finalized and submitted in December 2001 for review. A total of 18,862 cases were diagnosed in South Carolina during 1999. Based on NAACCR methods for determining completeness of reporting, the SCCCR was deemed 98.3% complete in identifying newly diagnosed cases. I commend the SCCCR staff for their diligence in producing complete, high quality cancer incidence data for our state and for their hard work in producing the final data file. Hospital registrars are also to be commended because the majority of data initiates from their facilities. Thanks!

The research projects currently underway are quite exciting. Being involved in the international CONCORD Study with our European collaborators comparing survival rates between the US and Europe has been very educational. Included in this project is a CDC Patterns of Care Study for breast, prostate, and colorectal cancers. Protocol development for this project has been the primary focus thus far. Actual data reabstraction and enhanced data collection on the cancer cases will begin later this year. We look forward to calculating survival analysis with our South Carolina cancer data.

The oral cancer quality control project is underway. Baseline quality control measures for completeness are currently being calculated. A preliminary report of what's been done will be included in future newsletter issues. We are searching for an Oral Cancer Project Coordinator to conduct the quality control activities for this three-year project. A CTR is required for this position. See the posting listed in this issue.

The Cancer Leadership Summit was held on January 30 in Columbia. The next summit will be held May 6, 2002 at the Embassy Suites Hotel in Columbia. I urge registrars to become involved in this effort. You are the data leaders! Mark your calendars and plan to attend. Current cancer control activities in the state will be discussed as well as efforts to organize a statewide entity to forge ahead with comprehensive cancer control. Registrars must be represented! Registry data will be vitally important in all these efforts!

## Real Questions?...Real Answers!

These are actual questions that have come to the SCCCR. The answers may be of interest to all. Some may be easy and others hard, but we all can learn from them. If you find an answer to an interesting question, whether new or unclear in our manuals, please send them to me so they may be shared.

Thanks,  
Kathy Barnes, CTR  
SCCCR Training Coordinator

(1) ROADS page 92 states that Class of Case, Class 1 includes cases diagnosed at the reporting institution. They fulfill one of the following treatment situations:

- Patient first diagnosed and had staging work-up at the reporting institution and all or part of the first course of treatment was received in a staff physician's office.

- Patient diagnosed in a staff physician's office and then treated at the reporting institution.

(Q) When we are entering treatment, we are required to enter Y=yes or N=no for treatment at the reporting facility. Would you consider the Y=yes to include a staff physician's office? Would you consider N=no to include anywhere else, other than the reporting facility, including a staff physician's office?

(A) The only field where a staff physician counts for your facility is for Class of Case. If a patient is diagnosed at a staff physician's office, it can be a

Class of Case 1 for your facility. This does not refer to treatment fields. Treatment "at your facility" means treatment done on the premises of your facility. (ACoS Standards, Volume II, page 190) transaction 3294

(2) Scenario: CT was not diagnostic but questionable for liver mets. The oncologist wanted to monitor the liver profiles for one month to see if this would confirm the CT. Clinical staging is based on all information before treatment begins and this patient began chemo one week after scan. The liver profiles were compatible with liver mets, 3-4 weeks after beginning chemo. The physician now states "this does confirm liver mets."

(See Real Questions?, Page 3)

## Staff Profile

Alfreda  
Middleton,  
SCCCR  
Data  
Coordinator



Alfreda Middleton, CTR, is a Data Coordinator for the SCCCR, primarily responsible for cancer case abstraction. Alfreda has worked in the registry field more than six years. Prior to her job at the SCCCR, Alfreda held positions as a business associate, accounting tech, and clerical specialist with the SC Department of Health and Environmental Control and the SC Department of Social Services. She has also worked as a Medical Receptionist with Fort Jackson's Outpatient Clinic.

Alfreda has two sons, Anthony and Xavier, and twin grandsons, Raquan and Daquan. In her free time, she enjoys walking, aerobics, dancing, sewing, and travelling.

## Real Questions?

(Continued From Page 2)

(Q) Would this be a clinical M1 since he was monitoring it prior to chemo? Would you stay firm with the rule (ROADS pg. 141), clinical classification is based on information and evidence obtained before treatment?

(A) Monitoring is not considered to be diagnostic of malignancy, and the term "questionable" is also not diagnostic. The clinical stage for this case would be MX because the metastatic disease was not confirmed before treatment began. This case could be re-staged using the Y prefix to indicate cases staged during or after treatment. The M1 would then be correct.

(AJCC Staging Manual, 5<sup>th</sup> Ed, page 9) transaction id 3393

(3) A pathology report states excisional biopsy of glans penis "well differentiated squamous cell carcinoma" (8070/31), biopsy distorted; adjacent bowen's disease seen (8081/29)."

(Q) Is this one primary or two?

(A) According to the matrix on page 21 of ROADS, if there are two

lesions in the same site, with multiple histologies (differences in the first three digits), they are to be counted as two primaries.

(ACoS Standards, Volume II, page 21) transaction id 3399

(4) ROADS states that "When the pathology report(s) lists more than one grade of tumor, code to the highest grade, even if the highest grade is only a focus."

(Q) Is this applicable even if one is in-situ, the other invasive?

(A) Code the "highest" grade possible even if it is only a focus and even if it is the in-situ portion of a specimen. (ACoS Standards, Volume II, page(s) 111-113) transaction id 3396

(5) ROADS states that when the first 3 digits of the ICD-O are different, the histologies are NOT the same. There is an exception I don't understand. It says, when multiple lesions are present in one site and the first lesion is described as a nonspecific morphology and the second lesion is a specific carcinoma morphology, it is a single histology. The example is one lesion described as melanoma, NOS and the second lesion is a specific melanoma.

(Q) How can this be? Couldn't a patient have one lesion melanoma, NOS and another in the same site (skin area with same code), with a more specific melanoma code? On page 104, it says that each occurrence of melanoma of the skin is a new/separate primary unless a physician says otherwise. Can you explain this and how this could happen with two melanomas at the time of diagnosis?

(A) According to the rules in ROADS, this would be considered to be two primaries. Check with your pathologist to determine if this is a satellite lesion, direct extension or metastasis.

(ACoS Standards, Volume II, page 19) transaction id 3289



## On the Lighter Side

These are actual answers to test questions.

(Q) Name the four seasons.

(A) Salt, pepper, mustard, and vinegar.

(Q) What is the Fibula?

(A) A small lie.

(Q) What does "varicose" mean?

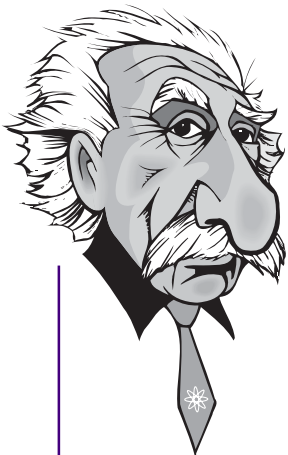
(A) Nearby.

(Q) Give the meaning of the term "Caesarean Section."

(A) The caesarean section is a district in Rome.

(Q) What does the word "benign" mean?

(A) Benign is what you will be after you be eight.



# Supplemental Grants Awarded

(Continued From Page 1)

"During the next three years, the SCCCR will receive more than \$900,000 from CDC to study breast/colorectal/prostate cancer patterns of care and oral/pharyngeal cancer data quality," said Bolick-Aldrich.

The first supplemental award involves an evaluation of the completeness, timeliness, and quality of oral and pharyngeal cancer in South Carolina. Also, the SCCCR will determine ways to improve data collection, reliability, and validity.

Oral/pharyngeal cancer is the focus of this project. It is believed that these cancers may be undercounted in South Carolina, especially in minority populations. Completeness measures for oral cancer by race and gender for 1999 indicate 83.1 % completeness for black males, 90.6% for black females, 110.7% for white males, and 84.8% for white females.

As part of the project, the SCCCR will reabstract a certain number of oral/pharyngeal cancers to assess the quality of data reported to the SCCCR.

Another goal of the project is to

determine new reporting sources of oral/pharyngeal cancer. This determination will be accomplished through linkages with other data sources such as the State Medicare, Medicaid, and Public Employee Insurance Agency.

The second supplemental award will fund a study of breast, colorectal and prostate cancer patterns of care, recurrence, and survival. The results from this project will be included in a very large international study of cancer patterns of care, called the CONCORD Study.

The CONCORD Study was initiated in hopes of trying to explain the large differences in cancer survival between Europe, the United Kingdom, and the United States. CONCORD investigators propose that these differences in cancer survival may be affected by methodological differences in data collection and patient follow-up, as well as differences in the definition, staging, and treatment of cancer.

The medical records of randomly selected cases of female breast, colorectal, and prostate cancers diagnosed in 1997 will be reabstracted to carry out the patterns of care, recurrence, and survival study. The reabstraction will focus intently on the detailed clinical information included in each record (i.e. stage, diagnostic investigations used to assess stage, treatment, recurrence, and metastasis).

A specified number of localized breast, stage III colorectal, and localized prostate cancers will be included in the study for further analysis.

A second component to this project is an optional breast cancer screening linkage. This linkage will validate and assess the completeness and accuracy of information contained in the state Breast and Cervical Cancer Early Detection Program (BCCEDP). It will also sample for comparison of treatment of early stage breast cancer. South Carolina is one of seven states funded to establish these linkage standards.



**The Registry Review newsletter is published by the South Carolina Central Cancer Registry, a Division of DHEC's Office of Public Health Statistics and Information Services.**

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## Some Cancer Facts and Figures Reports Have Printing Error

An unfortunate error by the commercial printer occurred during the production of some of the *South Carolina Cancer Facts & Figures 2001-2002* reports. During the printing process, some of the pages in some of the reports were incorrectly collated. This mistake resulted in a small percentage of reports with duplicate and missing pages. Unfortunately, this error was not caught before distribution of the majority of the reports.

If you received a bad copy of the report, you can find a correct copy on the SCCCR reports webpage at, <http://scangis.dhec.state.sc.us/extranet/index.asp?page=cancer>.

The SCCCR also has the report available on CD-ROM. If you received a bad copy of the report and would like a CD-ROM copy, please contact the SCCCR office in Columbia at (803) 898-3696 or 1-800-817-4774 (toll free in South Carolina only).

The SCCCR apologizes for any inconvenience the printing problem may have caused.

### SCCCR Job Opening

#### Oral Cancer Project Coordinator

This position will implement data quality control activities for the Oral/Pharynx Cancer Project within the South Carolina Central Cancer Registry.

The three-year project activities include reabstracting oral/pharynx cancer patient records, measuring completeness of case collection, resolution of discrepancies found and coordinating activities and meetings for statewide Oral Cancer Advisory Team.

The job is a temporary grant position working 37.5 hrs per week. Certified Tumor Registrar (CTR) credentials are required.